TOTAL

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless & displays a valid OMB control number. Approved for use through 7/31/2008, OMB 061-0001 U.S. Peterd and Trademark Office; U.S. DEPARTMENT OF COMMERCE Application or Doctor Humber Substitute for Form PTO-876 Effective December 8, 2004 APPLICATION AS FILED - PART I (Column 1) (Column 2) OTHER THAN SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA BASIC FEE PATE (1) FEE () RATE (1) (37 CFR 1.16(0), (b), or (c)) ķνα . NA N/A 150.00 SEARCH FEE NA 300.00 (37 CFR 1 16(N) (1) or (m)) · N/A NIA. NA \$260 **EXAMINATION FEE** NIA \$500 (1) CFR 1.16(a), (p), or (a)) NA N/A N/A \$100 TOTAL CLAME NIA \$200 137 OFR 1.16(1) minus 20 a X\$ 25 INDEPENDENT CLAIMS X\$50 OR (37 OFR 1.16(N) minus 3 e X100 If the specification and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due FEF Is \$250 (\$125 for small entity) for each (37 CPR 1.16(e)) additional 50 sheets or traction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(I)) +180= +360= of the difference in column 1 is less than zero, enter "o" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) OTHER THAN SMALL ENTITY OR CLAIMS HIGHEST SMALL ENTITY REMAINING W NUMBER PRESENT AFTER RATE (\$) ADOI-ENDMENT PREVIOUSLY EXTRA RATE (\$) MENDMENT THONAL -ADOL PAID FOR Total DICER LAGU TIONAL FEE (1) Minus FEE/(I) X\$ 25 Independent DICER LIGHE X\$50 Minus OR X100 Application Size Fee (37 CFR 1.16(s)) X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.140) +180= +360= OR TOTAL TOTAL ADO'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST 8 REMAINING NUMBER PRESENT AFTER AMENOMENT RATE (1) ADOI-AMENDMENT PREVIOUSLY RATE (1) EXTRA TIONAL FEE (1) ADDI-PAID FOR TIONAL Total OF CFR 1.10(1) Minus FEE (1) X\$ 25 Independent OFR LIGHT X\$50 Minus OR X100 Application Size Fee (37 CFR 1.16(s)) X200. OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.140) +180= +360= OR

If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

"If the Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain by retain a barrell by the public which is to life (and by the including pathering, preparing, and submitting the completed application form to the USPTO. Three will vary depending upon the bridding seas and completed. including gallioring, preparing, and autorithing the completed application form to the USPTO. Time will vary depending upon the individual case. Any companies on the emound of this you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information officer, U.S. Peterd and Trademark Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

TOTAL